

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
Western DIVISION

CASE NAME: William TaggCASE NO: 21-23424Monthly Operating Report for the Month Ending (month/day/year) November 30, 2021For the period beginning (month,day) 11-1-21 and ending (month,day) 11-30-21

NAICS Industry Classification Code: _____

THIS REPORT IS TO BE FILED 15 DAYS AFTER THE END OF THE MONTH -- The Debtor must attach each of the following reports/documents unless the U.S. Trustee has waived the requirement in writing.

Report Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
Mark One Box for Each Required Document:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Bank Account Balance Statement (Form 2-AB)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Comparative Balance Sheet - Assets (Form 2-BA)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Comparative Balance Sheet - Liabilities (Form 2-BL)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedule I (Post-Petition Payables)(Form 2-BP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Supporting Schedules II (A/R, Payments to Prof. and Principals)(Form 2-BR)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Profit and Loss / Income Statement (Forms 2-E1 and 2-E2)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Cash Flow Statement (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Cash Flow Summary (Form 2-FS)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Detailed Listing of Receipts Statement (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Detailed Listing of Disbursements Statement (Form 2-H)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Supporting Schedules III (Property Transfers, Insurance Coverage & Quarterly Fee Summary)(Form 2-I)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Narrative Questionnaire Statement (Form 2-J)

Documents Provided by Mail or E-Mail

13. Bank Statements for All Bank Accounts
(to be provided by mail to USTP when required)14. Bank Statement Reconciliations for all Bank Accounts
(to be provided by mail to USTP when required)Only one account

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments hereto are true, accurate and correct to the best of my knowledge and belief. I further certify that the Monthly Operating Report has been filed with the Court.

DEBTOR IN POSSESSION

Executed on: 12-30-21
Date

By:

/s/ William Tagg

(Signature)

Its:

Debtor

(Title)

Phone #: (901) 634-4501

Printed Name:

William Tagg

Form 2-A

Address:

8191 Dogwood Rd.
Germanatown, Tennessee
38139

Rev. 8/2/16

DEBTOR: William TaggCASE NO: ~~21-23424~~
21-23424Form 2-AB
BANK ACCOUNT BALANCE STATEMENTFor Period Ending: 11-30-21

Bank Accounts

Account Name:	CASH ON HAND	Personal/ Operating	Tax	Payroll	*
---------------	-----------------	------------------------	-----	---------	---

Bank Name: First Horizon Bank, P.O. Box 84, Memphis, TN 38101Account # (last 4 digits): #1929Grand Total
ALL AccountsBeginning Balance: _____ + _____ + _____ + _____ = 3,463.42Plus: Total Receipts _____ + _____ + [REDACTED] + [REDACTED] = [REDACTED]
(Attach Detailed List, Form 2-G)Less: Total Disbursements _____ + _____ + 30.00 + 71.16 = 101.16
(Attach Detailed List, Form 2-H)Transfers Between
Bank Accounts:

Transfers In _____

(Transfers Out) (_____) (_____) (_____) (_____)

Ending Balances: _____ + _____ + _____ + _____ = 3,362.26*If the Debtor maintains more than four (4) accounts, attach additional Form 2-AB and identify the nature of the addition:
account(s) (Cash Collateral, Savings, etc.)

Notes:

Funds were still held in First Horizon Bank. It took debtor considerable time to open debtor in possession bank account at Regions Bank. (Confirmation Attached)

CASE NAME:

William Tagg

Document

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Form 2-BA

COMPARATIVE BALANCE SHEET STATEMENT

For Period Ending: 11-30-21**ASSETS****1. Current Assets:**

Cash (from Form 2-AB, Grand Total All Accounts)

\$ _____

Petition
Date (1)\$ 3,463.42

Total Accounts Receivable (from Form 2-BR)

Less allowance for doubtful accounts (from Form 2-BR)

(_____)

(_____)

Receivable from Officers, Employees, Affiliates

Inventory

Other Current Assets :(List)

Negotiable Instruments

2. Current Assets Sub-Total

\$ _____

\$ _____

3. Fixed Assets:

Land

\$ _____

\$ 5,015,000.00

Building

Equipment, Furniture and Fixtures

51,500.00

Vehicles

7,500.00**4. Fixed Assets Sub-Total**

Less: Accumulated Depreciation

(_____)

(_____)

5. Net Fixed Assets

\$ _____

\$ _____

6. Current Assets Sub-Total (from above 2. Current Assets Sub-Total)

7. Other Assets (List):

8. TOTAL ASSETS

\$ _____

\$ 5,074,000.00*(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.*

Form 2-BA

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Form 2-BL
COMPARATIVE BALANCE SHEET STATEMENT
For Period Ending: 11-30-21

	<u>Current</u>	<u>Petition</u>
LIABILITIES		
Post Petition Liabilities		
Post-petition Accounts Payable (from Form 2-BP)	\$ _____	\$ _____
Post-petition Accrued Professional Fees (from Form 2-BR)	_____	_____
Post-petition Taxes Payable	_____	_____
Post-petition Notes Payable	_____	_____
Other Post-petition Payable(List): _____	_____	_____
	_____	_____
Post Petition Liabilities Sub-Total	\$ <u>0</u>	\$ <u>4,000,000.00</u>
Pre Petition Liabilities:		
Secured Debt (Schedule D, including amendments)	_____	_____
Priority Debt (Schedule E, including amendments)	_____	_____
Unsecured Debt (Schedule F, including amendments)	_____	_____
Pre Petition Liabilities Sub-Total	\$ _____	\$ _____
TOTAL LIABILITIES (Sum of Pre Petition and Post Petition Liabilities)	\$ _____	\$ _____
SHAREHOLDERS/OWNERS' EQUITY		
Owner's/Stockholder's Equity (Preferred Stock)	\$ _____	\$ _____
Owner's/Stockholder's Equity Common Stock)	_____	_____
Paid In Capital	_____	_____
Retained Earnings - Prepetition	_____	_____
Retained Earnings - Post-petition	_____	_____
TOTAL OWNERS' EQUITY	\$ _____	\$ _____
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ _____	\$ <u>4,000,000.00</u>

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

Form 2-BL

Rev. 8/2/16

DEBTOR: William Tagg

CASE NO: 21-23424

Form 2-BP
SUPPORTING SCHEDULES II
POST PETITION LIABILITIES AND PAYABLES STATEMENTS
For Period Ending: 11-30-21

Type	Beginning Balance (1)	Amount Accrued	Date Due	0-30 Days	31-60 Days	Ending Balance
Income Tax Withheld:						
Federal						
State						
FICA Tax Withheld						
Employee's FICA Tax						
Employer's FICA Tax						
Unemployment Tax						
Federal						
State						
Sales, Use & Excise Taxes						
Property Taxes						
Real Estate						
Personal Property						
Accrued Income Tax:						
Federal						
State						
Other: _____						
TOTAL TAXES \$	\$	\$	\$	\$	\$	\$ <u>0</u>

POST-PETITION DEBTS

Secured						
Priority						
Unsecured						

Accrued Interest Payable

**TRADE ACCOUNTS &
OTHER PAYABLES**

(list separately on additional sheets)

(1) For first report, Beginning Balance will be \$0;
thereafter, Beginning Balance will be Ending Balance from prior report.

DEBTOR: William Tagg CASE NO: 21-23424

Form 2-BR
SUPPORTING SCHEDULES II
For Period Ending: 11-30-21

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$ _____	\$ _____
30 to 60 days	_____	_____
61 to 90 days	_____	_____
91 to 120 days	_____	_____
Over 120 days	_____	_____
Total Post Petition	<u><u>Ø</u></u>	<u><u>Ø</u></u>
Pre Petition Amounts	_____	_____
Total Accounts Receivable (to Form 2-BA)	\$ _____	
Less: (Allowance for Doubtful Accounts) (to Form 2-BA)	(_____)	
Net Accounts Receivable	<u><u>\$ Ø</u></u>	

* Attach a detail listing of accounts receivable and post-petition accounts payable

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Month-end Retainer Balance</u>	<u>Current Month's Accrual</u>	<u>Paid in Current Month</u>	<u>Date of Court Approval</u>	<u>Month-end Balance Due *</u>
Debtor's Counsel	\$ _____	\$ _____	\$ _____	_____	\$ _____
Counsel for Unsecured	_____	_____	_____	_____	_____
Creditors' Committee	_____	_____	_____	_____	_____
Trustee's Counsel	_____	_____	_____	_____	_____
Accountant	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____		<u><u>\$ Ø</u></u>

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	<u><u>Ø</u></u>

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director. Including salaries, commissions, bonuses, etc.

DEBTOR: William Tagg

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Form 2-E1
PROFIT AND LOSS STATEMENT
 For Period Ending: 11-30-21

	Current Month	Accumulated Total (1)
I. GROSS OPERATING REVENUES		
INCOME (LIST ALL SOURCES)		
TOTAL GROSS INCOME		0
Less: Discounts, Returns, and Allowances	()	()
Net Operating Revenue		
II. COST OF GOODS SOLD	()	()
III. GROSS PROFIT		0
(Net Operating Revenue LESS Cost of Goods Sold)		
IV. GENERAL EXPENSES		
Operating Expenses		
Compensation and Payroll		
Officer/Management Compensation		
Payroll - Other Employees		
Taxes		
Taxes - Payroll		
Taxes - Real Property		
Taxes - Personal Property (Ad Valorem)		
Taxes - Sales		
Taxes - Other		0

(1) Accumulated Totals include all revenue and expenses since the petition date.

DEBTOR: William Tagg

CASE NO: 21-23424

Form 2-E2
PROFIT AND LOSS STATEMENT (Cont'd)
For Period Ending: ~~10-31-21~~ 11-30-21

IV. GENERAL EXPENSES	Current Month	Accumulated Total (1)
General		
License Fees		
Insurance		
Depreciation / Amortization		
Rents and Leases (Real Estate)		
Rents and Leases (Personal Property)		
Maintenance and Repairs		
Supplies		
Telephone		
Utilities		
Travel and Entertainment Expenses		
Vehicle Expenses		
Legal		
Other		
Other: <u>Kingdom Ministries</u>		<u>30.00</u>
Other: <u>Hulu TV</u>		<u>71.16</u>
Other:		
Other:		
Other:		
Other:		
Other:		
V. TOTAL EXPENSES		<u>101.16</u>
VI. NET INCOME OR (LOSS)		<u>\$ 101.16</u>
(Gross Profit LESS Total Expenses)		

(1) Accumulated Totals include all revenue and expenses since the petition date.

CASE NAME: William Tagg

CASE NO: 21-23424

Form 2-F
CASH FLOW STATEMENT
For Period Ending: 11-30-21

1. CASH FLOWS FROM OPERATING ACTIVITIES:

Accumulated

Income (Loss) From Operations

Adjustments to reconcile net income (loss) from
operations to net cash provided by (used in) operating activities

\$101.16

NET CASH PROVIDED BY (USED IN) OPERATING BUSINESS

2. CASH FLOWS FROM INVESTING ACTIVITIES

NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES

3. CASH FLOWS FROM FINANCING ACTIVITIES

NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES

NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

CASH AND CASH EQUIVALENTS, BEGINNING OF PERIOD

CASH AND CASH EQUIVALENTS, END OF PERIOD

\$3362.26

CASE NAME: William Tagg

CASE NO: 21-23424

Form 2-FS
CASH FLOW SUMMARY
For Period Ending: 11-30-21

CASH FLOW SUMMARY

	Current Month	Accumulated
1. Beginning Cash Balance (From Form 2-B-AB (Grand Total Beginning Balance))	\$ <u>3,463.42</u> (1)	\$ _____ (1)
2. Receipts		
Operations	_____	_____
Sale of Assets	_____	_____
Other	_____	_____
Total Cash Receipts	\$ _____	\$ _____
3. Disbursements		
Operations	_____	_____
Debt Service/Secured loan payment	_____	_____
Professional fees/U.S. Trustee fees	_____	_____
Other	<u>101.16</u>	_____
Total Cash Disbursements	\$ _____	\$ _____
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	_____	_____
5. Ending Cash Balance (must equal Cash on Form 2-BA) (must equal Grand Total All Accounts Ending Balance, Form 2-AB)	\$ <u>3362.26</u> (2)	\$ _____ (2)

(1) Accumulated beginning cash balance is the cash available at the commencement of the case.

(2) Current month beginning cash balance should equal the previous month's ending balance.

\$ 101.16 (1)

DEBTOR: William Tagg

CASE NO: 21-23424

Form 2-I
SUPPORTING SCHEDULES III
PROPERTY TRANSFER, INSURANCE COVERAGE & QUARTERLY FEES STATEMENT
For the Period Ending: ~~10-01-21~~ 11-30-21

TRANSFER OF PROPERTY POST-PETITION

Has any property of the Debtor been sold or otherwise transferred other than in the ordinary course of the Debtor's business?

☒ NO
☐ YES, If yes, Complete the Following (Add Additional Sheets if Necessary)

DESCRIPTION OF PROPERTY	To Whom Transferred	Transfer Date	Gross Value	Net Monies Received

INSURANCE SCHEDULE

	Carrier	Policy #	Expiration Date	Amount of Coverage	Premium Amounts	Date Coverage Paid Through
Workers' Comp				\$	\$	
General Liability				\$	\$	
Property (Fire, Theft)				\$	\$	
Casualty				\$	\$	<u>none due during month</u>
Vehicle				\$	\$	
Other (list):				\$	\$	
Home Owners:				\$	\$	

QUARTERLY FEES SUMMARY*

None Due Yet

Month	Total Disbursements**	Quarterly Fee Due	Check No.	Date Paid
PRESENT QUARTER	\$			
	\$			
	\$			
TOTAL PRESENT QUARTER	\$	\$		
PREVIOUS QUARTER	\$			
	\$			
	\$			
TOTAL PREVIOUS QUARTER	\$	\$		

* This Summary is to reflect the current and immediately previous Quarterly Fee information cumulative to the end of the reporting period.

** Should agree with Form 2-AB. Disbursements are net of transfers to other Debtor-In-Possession bank accounts.

DEBTOR: William Tagg

CASE NO: 21-23424

Form 2-J

NARRATIVE QUESTIONNAIRE STATEMENT

For Period Ending 11-30-21

- I. Has the Debtor-In-Possession made any payments on its pre-petition unsecured debt, except for that which has been so authorized by the Bankruptcy Court?

☒ No.

☐ Yes. Explain: _____

- II. Has the Debtor-In-Possession during this reporting period provided compensation or other remuneration to any Officers, Directors, Principals, or Other Insiders without appropriate authorization and disclosure?

☒ No.

☐ Yes. Explain: _____

- III. State what progress was made during this reporting period toward the filing of a Disclosure Statement and Plan of Reorganization or Liquidation.

E-mails to both realty creditors on offer

- IV. Describe potential future developments which may have a significant impact on this bankruptcy case.

None

- V. Are all Post-Petition tax obligations currently paid or deposited?

☒ Yes.

☐ No. Explain.: _____

- VI. Are all United States Trustee Quarterly Fees current?

None Due yet

☒ Yes.

Last Quarter Paid: _____

Amount Paid: \$ _____

☐ No. Explain.: _____

- VII. Did you receive any income during this reporting period, which is not set forth in the operating report?

☒ No.

☐ Yes. Please set forth the amount(s) and the source(s) of the income.

Social Security Check was Cashed
Due to Difficulty in opening account
and cash expenditures are listed.

FIRST HORIZON
P.O. BOX 84
MEMPHIS, TN 38101



00006030.TFTSTRMT111721012855 01 000000000 001 P



WILLIAM TAGG
8191 DOGWOOD RD
GERMANTOWN TN 38139-5123

FIRSTVIEW CHECKING

CUSTOMER INFORMATION

ACCOUNT NUMBER 00220004051929
STATEMENT DATE 11/16/21

CUSTOMER SERVICE INFORMATION

Customer Service: 1-800-382-5465
 Visit Us Online: www.firsthorizon.com
 Follow Us On Facebook!
 Follow Us On Twitter!

ACCOUNT SUMMARY	DATE	BALANCE OF YOUR FUNDS
PREVIOUS BALANCE	10/18/21	\$3,463.42
0 DEPOSITS TOTALING		\$0.00
3 WITHDRAWALS TOTALING		\$3,463.42
NEW BALANCE	11/16/21	\$0.00

FIRSTVIEW CHECKING ACCOUNT TRANSACTIONS

FOR THE PERIOD FROM 10/19/21 THROUGH 11/16/21

ACCOUNT HISTORY			
DATE	AMOUNT	DESCRIPTION	CARD #
10/19	\$30.00	PURCHASE - THE KINGDOM MI 901-552-5131 TN DATE 10/18 REF # 2494300938AV4YV5M	4236
10/26	\$71.16	PURCHASE - HLU*Hulu 19202 HULU.COM/BILL CA DATE 10/25 REF # 24906419A3VRGKMWQ	4236
11/05	\$3,362.26	WITHDRAWAL	0000

DAILY BALANCE SUMMARY						
DATE	BALANCE	DATE	BALANCE	DATE	BALANCE	DATE
10/19	\$3,433.42	10/26	\$3,362.26	11/05	\$0.00	

INQUIRY INFORMATION

ALL INQUIRIES FOR BALANCES, GENERAL INFORMATION, ACCOUNT ERRORS, ACCOUNT ACTIVITY, AUTOMATED TELLER MACHINE ACTIVITY AND DEBIT CARD TRANSACTIONS SHOULD BE DIRECTED TO 1-800-382-5465.
TO REPORT A LOST/STOLEN DEBIT CARD, CALL 1-800-382-5465 IMMEDIATELY AND FOLLOW THE VOICE PROMPTS, STARTING WITH OPTION #1.
DIRECT INQUIRIES CONCERNING PREAUTHORIZED ELECTRONIC FUNDS TRANSFER TO 1-800-382-5465.
YOU MAY MAIL INQUIRIES CONCERNING AUTOMATED TELLER MACHINE ACTIVITY, DEBIT CARD TRANSACTIONS, AND PREAUTHORIZED ELECTRONIC FUNDS TRANSFERS TO:
FIRST HORIZON BANK
P.O. BOX 84
MEMPHIS, TN 38101

3 / 4

74% +



**FIRST
HORIZON**

P.O. BOX 84
MEMPHIS, TN 38101

WILLIAM TAGG

FIRSTVIEW CHECKING

CUSTOMER INFORMATION

ACCOUNT NUMBER *****1929
STATEMENT DATE 10/18/21

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
09/21	\$2,500.00	09/27	\$2,388.84	09/29	\$2,268.13	10/04	\$2,260.13
10/05	\$9,060.13	10/12	\$3,477.13	10/15	\$3,463.42		

INQUIRY INFORMATION

*ALL INQUIRIES FOR BALANCES, GENERAL INFORMATION, ACCOUNT ERRORS, ACCOUNT ACTIVITY, AUTOMATED TELLER MACHINE ACTIVITY AND DEBIT CARD TRANSACTIONS SHOULD BE DIRECTED TO 1-800-382-5465.
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*DIRECT INQUIRIES CONCERNING PREAUTHORIZED ELECTRONIC FUNDS TRANSFER TO 1-800-382-5465.
*YOU MAY MAIL INQUIRIES CONCERNING AUTOMATED TELLER MACHINE ACTIVITY, DEBIT CARD TRANSACTIONS, AND PREAUTHORIZED ELECTRONIC FUNDS TRANSFERS TO:
FIRST HORIZON BANK
P.O. BOX 84
MEMPHIS, TN 38101

58°F Sunny

8:25 AM
12/2/2021

WILLIAM T TAGG
DEBTOR IN POSSESSION
8191 Dogwood Rd
Germantown, TN 38139

PAY TO THE
ORDER OF

DATE

\$

DOLLAR



FOR

⑆064000017⑆ 0318101348⑈00101

Microfilm Clipping

Simple Ways to Protect Your Identity



At home:

- Read your bills and account statement for unexpected withdrawals or charges.
- Review your credit report at least once a year; request free from credit bureaus.

As you do business:

- Only give your Social Security Number if you must. Ask if you can use another kind of identification.
- Never respond to an email or phone request to provide a pin or password. Your financial institution will never ask you for either.

Online:

- Use passwords that are not easy to guess. Use numbers and symbols when you can.
- Do not respond to emails or other messages that ask for personal information.

ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

1. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

2. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

3. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

4. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

5. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

6. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

7. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

8. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

9. NAME ACCOUNT RELATIONSHIP* BIRTH DATE SOCIAL SECURITY #

* Unless otherwise expressly provided in this Account Signature Card or in other records maintained by Regions Bank with respect to this account, multiple persons designated herein as owners, co-owners, or joint owners are and intend to be joint tenants with right of survivorship with respect to this account, subject to applicable law. If this account is established in the name of one or more persons as trustee for one or more beneficiaries without a separate written trust instrument, and if there is no subject of trust other than the deposits in the account, or if the account names one or more persons as payable on death beneficiaries, any person establishing the account may revoke the trust or change, delete, or add persons designated as trust beneficiaries or payable on death beneficiaries using forms acceptable to Regions Bank, as applicable, subject to the provisions of applicable law. Please refer to the Deposit Agreement governing this account and applicable state law for information about the status of and rights with respect to account relationship designations. Customers should consult their own tax advisor or legal counsel for guidance on the nature and effect of account relationship designations. Customers should consult their own tax advisor or legal counsel for guidance on the nature and effect of account relationship designations.

8191 DOGWOOD RD GERMANTOWN TN 38139

CUSTOMER ADDRESS

taggw1@gmail.com

CUSTOMER E-MAIL ADDRESS(ES)

(901)491-9305

PRIMARY PHONE

SECONDARY PHONE

0318101348

ACCOUNT NUMBER

DA 912-62+ LIFEGREEN CHECKING

ACCOUNT NAME

INTEREST RATE INFORMATION (IF APPLICABLE)	BALANCE	INTEREST RATE	ANNUAL PERCENTAGE YIELD
THE INTEREST RATES PROVIDED REFLECT THE RATES IN EFFECT AT ACCOUNT OPENING. THE RATES ARE SUBJECT TO CHANGE DAILY.			

Each person signing this Account Signature Card, whether in writing or by use of an electronic signature, (i) confirms that he/she has reviewed the information provided on this card and (ii) confirms that he/she has read and understands the terms and conditions of the account. The information provided on this card is for informational purposes only and does not constitute an offer of any financial product or service. The information provided on this card is subject to change without notice. The information provided on this card is not to be used for any other purpose. The information provided on this card is not to be used for any other purpose. The information provided on this card is not to be used for any other purpose.

Customer Receipt

Thank You for your Banking Business

Signature

PD11-19-2021 10:46A #31
TN2037 #05 DA **1348

Signature

WED-441080651-2 JANUOS 21-22424
 Ted I Jones
 2679 Landon Ave. E.
 Suite 1200
 Memphis, TN 38104

017470 17470-1 AB 0458 28139 08 9476-1 17603

William Tagg
 8191 Dogwood Road
 Germantown, TN 38139-5123

Expenses

Trade Travel	8.00
Links	42.00
Kroger	13.71
Ted Jones	1,136.00
Ted Jones	3,500.00
	<u>5,604.71</u>

Oct-22-30

SS-

Deposit

Income

1,207.00 for Oct-2021

6,800.00

Cash

Costco	149.00
Lumina	61.00
Kroger	108.00
City of Germantown	88.89
WGA & W	210.09
Costco	117.26
Costco	49.33
ATT	63.00
Hulu	71.16
Concurrence Cellar	35.00
Wedge Wood	35.00
Callaway	30.00
	<u>1,018.73</u>

Nov 1-

Income

3,362.26 Cashier OK

Thom 1st Region

1,207.00 - S.S.



Cash Expenditures

Balance 188.27 +
 Carry into Dec - 2021

TED, have NOT received
 CHECKS FROM Regions

017470

44108017487015